

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # H92107

1. Entity Name
ALJAX, INC.



Principal Place of Business

**4510 COLONY RD.
NEW SMYRNA BEACH, FL 32168**

Mailing Address

**4510 COLONY RD.
NEW SMYRNA BEACH, FL 32168**



04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2625493

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STONE, STEPHEN M.
1814 WOODWARD STREET
ORLANDO, FL 32803**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000126041
04/23/04-80019-002 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
HERRON, RAYMOND
4510 COLONY ROAD
NEW SMYRNA BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
BRUMLEY, BRANTLEY
4510 COLONY ROAD
NEW SMYRNA BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
HERRON, SHIRLEY
4510 COLONY ROAD
NEW SMYRNA BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
BRUMLEY, SANDRA
4510 COLONY ROAD
NEW SMYRNA BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sandra Brumley **SANDRA Brumley** 4/20/04 386-428-6162
Date Daytime Phone #